

**Town, City, Village, State or Federal  
Permits May Also Be Required**

LAND USE - X  
SANITARY -  
SIGN -  
SPECIAL - NA  
CONDITIONAL -  
BOA -

**BAYFIELD COUNTY**  
**PERMIT**  
**WEATHERIZE AND POST THIS PERMIT**  
**ON THE PREMISES DURING CONSTRUCTION**

**No: 11152202-2022**

**Tax ID: 36818**

**Issued To: MICHAEL R ISAKSSON TRUSTEE**

**Location: S 1/2 W 1/2 W 1/2 SE NW TOG Section 25  
WI17' DESC IN DOC 2018R- 572462 437  
& 437A (ISAKSSON FAMILY TRUST DTD  
12/15/2017)**

**Township 50 N.**

**Range 08 W.**

**PORT WING**

**Govt Lot 0**

**Lot**

**Block**

**Subdivision:**

**CSM#**

**For: Commercial / Principal Structure Addition/Alteration / 114L x 0.1667W x 195H**

**Condition(s): Meet all setbacks, including eaves and overhangs. To replace two (2) existing ground mounted ODUs, and install two (2) EW63 coax lines. No plumbing permitted. No sleeping/living quarters permitted. Town/State/DNR permits may be required.**

**NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.**

**Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.**

**This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.**

**Erica Meulemans**

**Authorized Issuing Official**

**Mon Dec 12 2022**

**Date**

11-22-22

Current Parcel Information		Applicant Parcel Information	
Tax ID #	36818		36818
Taxpayer Name	MICHAEL R ISAKSSON TRUSTEE		MICHAEL R ISAKSSON TRUSTEE
Site Address	12300 TOUVE RD		12300 TOUVE RD
Site City State Zip	PORT WING, WI 54865		PORT WING, WI, WI
Section/Township/Range	25/50/08		25/50/8
Abbreviated Legal	S 1/2 W 1/2 W 1/2 SE NW TOG		S 1/2 W 1/2 W 1/2 SE NW TOG W1/7 - DESC IN DOC 2018R-572462 437 & 437A (ISAKSSON FAMILY TRUST DTD 12/15/2017)
Deeded Acres	5		5
Taxpayer Address	14680 KLEINHANS RD		14680 KLEINHANS RD
Taxpayer City, State Zip	HERBSTER, WI 54844		Herbster, WI 54844

Sarah Temme  
5055 Hwy N, Suite 200  
Cottleville, MO 63304  
636-359-7721

Commercial mobile tower alteration

\* need l-of Auth

- good xrd snow covered  
- cell tower  
- acquired w/ McKenzie on 12.9.22  
- North stake ~90'  
- East stake 83'

Signed off 12-12-2022

32 characters remaining

This is an existing 195' cell phone tower owned by Bayfield County at which AT&T is an

Number of E

No sleepin

Water Sourc

None

Duration of Use

Year-Round

Is there Sanitary and/or a Sewer System existing on the Property?

No

## Proposed Use

### General Information

Will this be the first structure on the property?

☐ Yes

☒ No

Select the proposed type of use for this project

Commercial

Select a description for this project

Principal Structure Addition/Alteration (Explanation required)

Describe the type of structure you are building or altering (e.g. restaurant, bulk storage tank, tower antenna, office, etc.)

616 characters remaining

195' self-support tower at which (2) lines will be installed at the 114' centerline.

List the numb

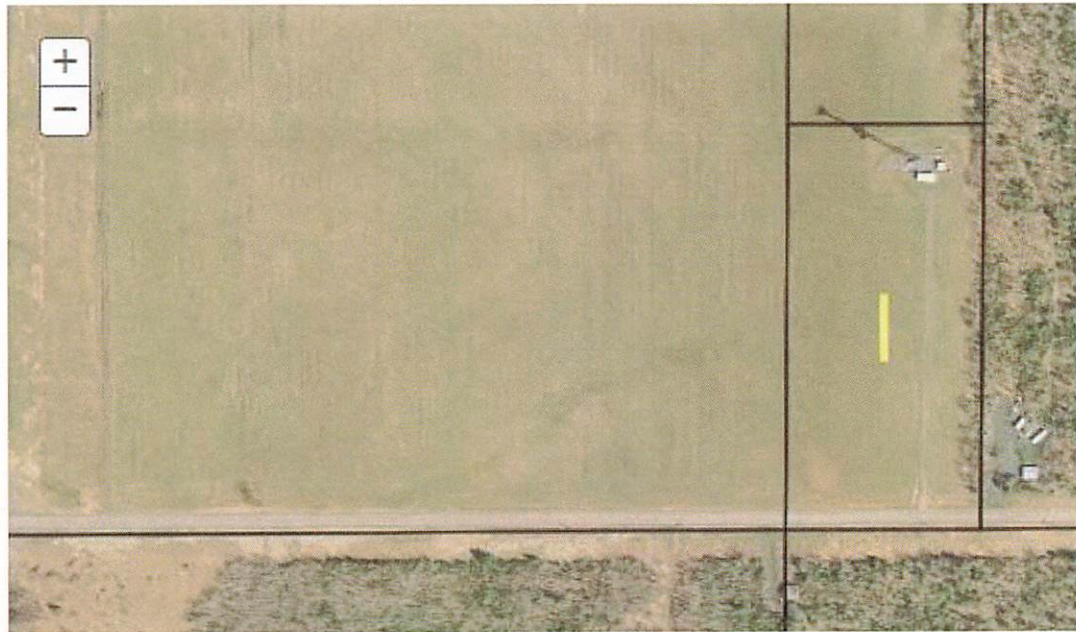
0 Porch(es)

0 Deck(s)

0 Attached Ga

Setback	Submitted	Final	Status
North Lot Line	282.83 ft		Not Inspected
South Lot Line	281.82 ft		Not Inspected
East Lot Line	163 ft		Not Inspected
West Lot Line	164.89 ft		Not Inspected
Centerline of Platted Road	259.68 ft		Not Inspected
River Stream Creek or Lake	300 ft		Not Inspected
Wetland	25 ft +		Not Inspected
Sanitary	0 ft		Not Inspected
Well	0 ft		Not Inspected
Established Right-of-Way	0 ft		Not Inspected

Edit





[illegible]

Bayfield County Zoning Application  
<https://maps.bayfieldcounty.wi.gov/ZoningWAB/>



TIME RECEIVED  
December 5, 2022 at 10:25:47 AM CST

REMOTE CSID  
7157743181

DURATION  
73  
PAGES  
4

STATUS  
Received

2022.11.04 11:48 AM ISAKSSON LUMBER

7157743181

P 1/ 4

RECEIVED

DEC 05 2022

Bayfield Co.  
Planning and Zoning Agency



## Certification of Trust Isaksson Family Trust

This Certification of Trust is made pursuant to Wis. Stat. § 701.1013.

I, the undersigned Trustee, declare as follows:

1. The name of the trust is: Isaksson Family Trust.
2. The trust currently exists.
3. The trust was executed on December 15, 2017.
4. The Grantor of the trust is Michael R. Isaksson.
5. The trust is revocable and amendable by the Grantor.
6. The trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certification of Trust to be incorrect.
7. The currently acting Trustee of the trust is:  
 Name: Michael R. Isaksson  
 Address: 14680 Kleinhans Rd.  
 Herbster, WI 54844  
 Phone: (715) 774-3852
8. The Trustee may conduct business on behalf of the trust without the consent of any other person or entity.
9. The tax identification number of the trust is Michael R. Isaksson's Social Security number.
10. Assets held in the trust may be titled in any manner that identifies the Trustee and the name and date of the trust, for example:  
 Michael R. Isaksson, Trustee of the Isaksson Family Trust dated December 15, 2017, and any amendments thereto.
11. The powers of the Trustee include the power to acquire, sell, assign, convey, pledge, encumber, lease, borrow, manage, and deal with real and personal property interests of all kinds, including accounts at financial institutions.
12. Excerpts from the trust agreement that establish the trust, designate the Trustee, and set forth the powers of the Trustee will be provided upon request.
13. The trust agreement provides that a third party may rely on this Certification of Trust in lieu of a copy of the trust agreement. It further exonerates third parties from any liability for acts or omissions in reliance on this Certification of Trust, and for the application that the Trustee makes of funds or other property delivered to the Trustee.

The statements made above are accurate and the trust has not been revoked or amended in any way that would cause the representations in this Certification of Trust to be incorrect.

All currently acting Trustees of the trust are identified above and are signatories to this Certification of Trust.

Dated: December 15, 2017

Michael R. Isaksson  
Michael R. Isaksson, Trustee

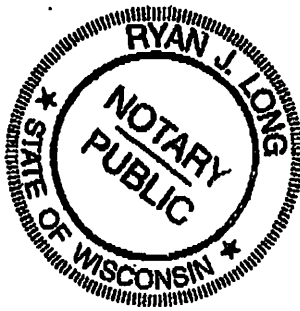
STATE OF WISCONSIN

)  
) ss.:  
)

COUNTY OF ASHLAND

This instrument was acknowledged before me on December 15, 2017, by Michael R. Isaksson.

[Seal]



Ryan J. Long  
Ryan J. Long, Notary Public  
Ashland County, Wisconsin  
My Commission is Permanent

This Instrument Drafted By:  
Attorney Ryan J. Long (Bar No. 1077239)  
Sturgul & Long Law Office  
Historic Wilmarth Mansion  
522 Chapple Ave.—Suite 201  
Ashland, WI 54806  
Phone: (715) 682-0737

I, MICHAEL R. ISAKSSON + Rustal  
authorize AT & T Mobility .

to apply for a land use permit on our property located at:

12300 TOURNA ROAD, PORT WING, WISCONSIN, 54865

Michael R. Isaksson + Rustal Signature

12-01-2022 Date



**AFFIDAVIT OF AUTHORITY  
(Trust)**

**PURPOSE.** This Affidavit of Authority is used to certify the individual applying for a permit is authorized when the property is owned by a Trust.

**STATE OF WISCONSIN** )  
 ) ss.  
**BAYFIELD COUNTY** )

**The undersigned affirms and states as follows:**

1. Address of Subject Property: 12300 Touve Road, Port Wing, Wisconsin  
54844
2. The Subject Property is owned by: ISAKSSON FAMILY TRUST  
(Name of Trust)
3. The name(s) of the current Trustee(s): Michael R. ISAKSSON Trustee
4. I certify that the Trust named in paragraph 2 is valid and in effect on the date signed below. I am the duly appointed agent of the Trust named above in paragraph 2, and I have the authority under the terms of said authorization to apply for permits from the Bayfield County Zoning Department concerning the Property described in paragraph 1. I further certify that the information and statements made within this affidavit are true, accurate, and complete to the best of my knowledge.
5. I am authorized by the above-named Trust to apply for and bind the Trust to the terms and conditions of any permit that may be issued by the Bayfield County Zoning Department.
6. By signing this affidavit, I attest that I am unaware of any known or unknown person(s) who would contest this application. I agree to indemnify Bayfield County or such person or legal entity suffering a damage resulting from any illegalities of the application for permit.

Dated: 12-06-2022

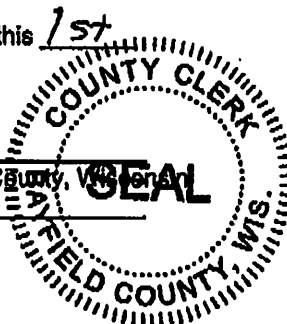
Michael R. Isaacs & Kustee

MICHAEL ISAKSON

Print Name \_\_\_\_\_

Subscribed and sworn to before me this 1st  
day of December, 2022.

Leon M. Sivrie  
Notary Public, Bayfield  
My commission: 1-1-2025



## Certification of Trust Isaksson Family Trust

This Certification of Trust is made pursuant to Wis. Stat. § 701.1013.

I, the undersigned Trustee, declare as follows:

1. The name of the trust is: Isaksson Family Trust.
2. The trust currently exists.
3. The trust was executed on December 15, 2017.
4. The Grantor of the trust is Michael R. Isaksson.
5. The trust is revocable and amendable by the Grantor.
6. The trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certification of Trust to be incorrect.
7. The currently acting Trustee of the trust is:  
Name: Michael R. Isaksson  
Address: 14680 Kleinhans Rd.  
Herbster, WI 54844  
Phone: (715) 774-3852
8. The Trustee may conduct business on behalf of the trust without the consent of any other person or entity.
9. The tax identification number of the trust is Michael R. Isaksson's Social Security number.
10. Assets held in the trust may be titled in any manner that identifies the Trustee and the name and date of the trust, for example:  
Michael R. Isaksson, Trustee of the Isaksson Family Trust dated December 15, 2017, and any amendments thereto.
11. The powers of the Trustee include the power to acquire, sell, assign, convey, pledge, encumber, lease, borrow, manage, and deal with real and personal property interests of all kinds, including accounts at financial institutions.
12. Excerpts from the trust agreement that establish the trust, designate the Trustee, and set forth the powers of the Trustee will be provided upon request.
13. The trust agreement provides that a third party may rely on this Certification of Trust in lieu of a copy of the trust agreement. It further exonerates third parties from any liability for acts or omissions in reliance on this Certification of Trust, and for the application that the Trustee makes of funds or other property delivered to the Trustee.

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Certification of Trust for the Isaksson Family Trust

Page 1

12-1-2022.

ISAESSON FAMILY TRUST

The currently action of the Trust  
allow. P T & T mobility

modification to education self-support

Lower at 10300 Towne Road

Port Wing, Wisconsin 54865

Michael R. Isaksson Trustee



AFFIDAVIT OF AUTHORITY  
(Trust)

PURPOSE. This Affidavit of Authority is used to certify the individual applying for a permit is authorized when the property is owned by a Trust.

STATE OF WISCONSIN }  
BAYFIELD COUNTY } ss.

The undersigned affirms and states as follows:

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2. The Subject Property is owned by: ISAKSSON FAMILY TRUST  
(Name of Trust)
3. The name(s) of the current Trustee(s): Michael R. ISAKSSON Trustee
4. I certify that the Trust named in paragraph 2 is valid and in effect on the date signed below. I am the duly appointed agent of the Trust named above in paragraph 2, and I have the authority under the terms of said authorization to apply for permits from the Bayfield County Zoning Department concerning the Property described in paragraph 1. I further certify that this information and statements made within this affidavit are true, accurate, and complete to the best of my knowledge.
5. I am authorized by the above-named Trust to apply for and bind the Trust to the terms and conditions of any permit that may be issue by the Bayfield County Zoning Department.
6. By signing this affidavit, I attest that I am unaware of any known or unknown person(s) who would contest this application. I agree to indemnify Bayfield County or such person or legal entity suffering a damage resulting from any illegalities of the application for permit.

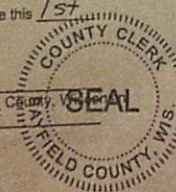
Dated: 12-01-2022

Michael R. Isaksson Trustee

MICHAEL ISAKSSON  
Print Name

Subscribed and sworn to before me this 1st  
day of December, 2022.

Don M. Swine  
Notary Public, Bayfield  
My commission: 1-1-2025



All currently acting Trustees of the trust are identified above and are signatories to this Certification of Trust.

Dated: December 15, 2017

Michael R. Isaksson  
Michael R. Isaksson, Trustee

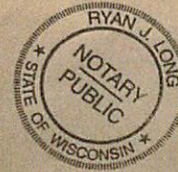
STATE OF WISCONSIN

COUNTY OF ASHLAND

)  
) ss.:  
)

This instrument was acknowledged before me on December 15, 2017, by Michael R. Isaksson.

[Seal]



Ryan J. Long  
Ryan J. Long, Notary Public  
Ashland County, Wisconsin  
My Commission is Permanent

This Instrument Drafted By:  
Attorney Ryan J. Long (Bar No. 1077239)  
Sturgul & Long Law Office  
Historic Wilmarth Mansion  
522 Chapple Ave.—Suite 201  
Ashland, WI 54806  
Phone: (715) 682-0737



I, MICHAEL R. ISAKSSON + PUGTAR  
authorize AT ET Mobility

to apply for a land use permit on our property located at:  
12300 Toura Road, Port Wing, Wisconsin, 54865

Michael R. Isaksson Signature

12-01-2022 Date





## Network Real Estate, LLC

5055 Hwy N, Suite 200  
St. Charles, MO 63304  
Office: (636) 922-3400  
Fax: (636) 922-3409



**RECEIVED**

DEC 05 2022

Bayfield Co.  
Planning and Zoning Agency

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December 1, 2022

Re: AT&T Mobility Cell Site WI3201 / Port Wing – 12300 Touve Road / MRCHI077577 / FA# 10153744

Enclosed please find a check (#10458) in the amount of \$125 for the permit fees for the existing telecommunications site located at 12300 Touve Road at which AT&T has plans to remove two (2) ground mounted ODUs while installing two (2) ground mounted ODUs and two (2) EW63 microwave coax lines running to the 114' centerline.

The trustee for the Michael R. Isacson trust is working on completing the requisite Recorded Trustee Affidavit and the Letter of Authorization. Once those are available, I will submit.

Should you have any questions, please contact me via email or at (636) 922-3400, ext. 109 or (636) 359-7721 (mobile).

Thank you,

*Sarah Temme*

Sarah Temme  
[Sarah.temme@networkre.net](mailto:Sarah.temme@networkre.net)

## Sarah Temme

---

**From:** Sarah Temme  
**Sent:** Thursday, December 1, 2022 8:38 AM  
**To:** 'Erica Meulemans'  
**Subject:** RE: Land Use Permit - Cell Tower Alteration (WI3201)  
**Attachments:** Re: Request for Permission to Apply for Permit at 12300 Touve Road - Cell Tower Alteration (WI3201)

Good morning Erica,

I have a check in the amount of \$125 to remit to Bayfield County. I will send that your way.

I have reached out to the trustee for the Michael R. Isacson trust and he let me know he will "work on information", but does "not have scanner" and will let me know of his progress with getting the required documents completed and sent to me (Mr. Isacson's e-mail response is attached). Once those documents are complete, will it be acceptable to e-mail those to you or will you need those in hard copy?

Thank you!

Sarah Temme, Network Real Estate, LLC  
5055 Hwy N, Suite 200  
Cottleville, MO 63304  
O: 636-922-3400, ext. 109  
M: 636-359-7721

**From:** Erica Meulemans <erica.meulemans@bayfieldcounty.wi.gov>  
**Sent:** Wednesday, November 23, 2022 12:13 PM  
**To:** Sarah Temme <Sarah.Temme@networkre.net>  
**Subject:** RE: Land Use Permit - Cell Tower Alteration (WI3201)

Good morning Sarah,

Yes, we will need the landowner's consent to proceed with processing the application. As shown on the 2020 permit, the landowner is listed for who the permit got issued to.

Let me know if there are any additional questions.

Respectfully,

*Erica Meulemans*

**Assistant Zoning Administrator**  
Bayfield County Planning & Zoning  
117 E Fifth Street  
PO Box 58  
Washburn, WI 54891  
P: 715-373-3517  
E: [erica.meulemans@bayfieldcounty.wi.gov](mailto:erica.meulemans@bayfieldcounty.wi.gov)

**From:** Sarah Temme <[Sarah.Temme@networkre.net](mailto:Sarah.Temme@networkre.net)>  
**Sent:** Wednesday, November 23, 2022 9:07 AM  
**To:** Erica Meulemans <[erica.meulemans@bayfieldcounty.wi.gov](mailto:erica.meulemans@bayfieldcounty.wi.gov)>  
**Subject:** RE: Land Use Permit - Cell Tower Alteration (WI3201)

Thank you, Erica.

I just want to make sure I don't reach out to the Michael R. Isacson Trustee unnecessarily. Does it matter that this tower is owned by Bayfield County? I sent notice of the work that is planned to Bayfield County and received confirmation that AT&T can proceed once all necessary permits are obtained from Meagan Quaderer, Director of Bayfield County Emergency Management.

For the building permit application, I took the information I used regarding the Tax ID and the parcel number from a Building Permit issued on October 8, 2020 (attached).

I have requested a check in the amount of \$125 and will have that to send your way next week.

Sorry to bother you with all of this. Thank you for your time and attention.

Sarah Temme, Network Real Estate, LLC  
5055 Hwy N, Suite 200  
Cottleville, MO 63304  
O: 636-922-3400, ext. 109  
M: 636-359-7721

**From:** Erica Meulemans <[erica.meulemans@bayfieldcounty.wi.gov](mailto:erica.meulemans@bayfieldcounty.wi.gov)>  
**Sent:** Tuesday, November 22, 2022 2:25 PM  
**To:** Sarah Temme <[Sarah.Temme@networkre.net](mailto:Sarah.Temme@networkre.net)>  
**Subject:** Land Use Permit - Cell Tower Alteration

Good afternoon Sarah,

I am in the process of reviewing the Land Use Application for the cell tower alteration at 12300 Touve Rd, Port Wing and need a few things before it can be processed.

- Recorded trustee affidavit (attached)
  - The property is in a trust and we need legal documentation on who can make decisions on behalf of the trust
- Letter of Authorization (attached)
  - We need a written consent from the trust representative to allow you to do work on behalf of the trust.
- Payment of fees: \$125

Let me know if you have any questions.

Respectfully,

*Erica Meulemans*

Assistant Zoning Administrator  
Bayfield County Planning & Zoning  
117 E Fifth Street  
PO Box 58  
Washburn, WI 54891  
P: 715-373-3517